FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	OHGANIZATION				FECHMAILICENTER		
1. NAME OF COMMITTEE (in	full)		Check if name changed)		mple:If typing, type the lines.	12FE4M	5
NORTH DAK	OTA C	ONGR	ESSION	AL CAM	IPAIGNS VICT	ORY FU	ND FEDERAL PAC
L							لسسسسا
ADDRESS (number a	nd street)	P. 0	. BOX ′	1172			
(Check if address is changed)		BOC	A RAT	ON		FL	33429
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please			dress) CAMPAIGNSI	ŢŲŅŌP/	ACS@GMAIL,COM
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if is change							
2. DATE ÖŞ)°′24	₿ ′ <u>Ž</u> ()12				
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATE	MENT 🗵	NEW	(N) OF	3	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer JAMES LINCOLN							
Signature of Treasurer James Lincoln Date 09° 24° 2012							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use					For further information co Federal Election Commission Toll Free 800-424-9530		FEC FORM 1